Application Number Filing.Date CLAIMS ONLY * May be used for additional claims or amendments CLAIMS AS FILED AFTER/FIRST AMENDMENT AFTER SECOND **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep 52 19-: 21 .70 .72.-24 25 78. 30 32 37 - 90 42-44 : -93-- 98 Total Total ... Indep Indep Total Total Depend Depend Total Total Claims Claims